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CONFIRMATION NO. 4929

Bib Data Sheet

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|-----------------------------|--|--------------|------------------------|------------------------------------|
| SERIAL NUMBER 10/691,277 | FILING OR 371(c) DATE 10/22/2003 RULE | CLASS 713 | GROUP ART UNIT 2135 | ATTORNEY DOCKET NO. TFI 1848 |
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APPLICANTS

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**** CONTINUING DATA *******

This application is a CIP of 10/218,830 08/14/2002 and is a CIP of 10/219,379 08/14/2002
 and is a CIP of 10/219,378 08/14/2002
 which claims benefit of 60/365,148 03/16/2002

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
 ** 08/10/2004

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|---------------------------------|---|------------------------|----------------------|---------------------|-------------------------|
| Foreign Priority claimed | <input type="checkbox"/> yes <input type="checkbox"/> no | STATE OR COUNTRY NY | SHEETS DRAWING 30 | TOTAL CLAIMS 102 | INDEPENDENT CLAIMS 7 |
| 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance | | | | |
| Verified and Acknowledged | Examiner's Signature _____ Initials _____ | | | | |

ADDRESS

20787

TITLE

Remotely authenticated operation method

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| FILING FEE RECEIVED 1295 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit |
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